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No. 1694 P. 1

**PABST PATENT GROUP** 

**APR 01 2008**

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**TELEFAX**

**Date:** April 1, 2008 **Total pages:** 4 (w/cover page)  
**To:** USPTO Central Fax **Telephone:** **Telefax:** 571-273-8300  
**From:** Michael J. Terapane, Ph.D. **Telephone:** 404-879-2155 **Telefax:** 404-879-2160  
**Our Docket No.** CP 102 **Client/Matter No.** 085337/00009  
**Your Docket No.**

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**MESSAGE:**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicants:** Jane C. Hirsh, Kamal K. Midha, Mark Hirsh, and Whe-Yong Lo

**Serial No.:** 09/858,016

**Art Unit:** 1616

**Filed:** May 15, 2001

**Examiner:** S.G. Landau

**For:** *PHARMACUETICAL COMPOSITIONS FOR BOTH INTRAORAL AND ORAL  
ADMINISTRATION*

**Attached:**

Notice of Hearing

Transmittal Form PTO/SB/21

Fee Transmittal Form PTO/SB/17

45086342

CP 102  
085337/00009

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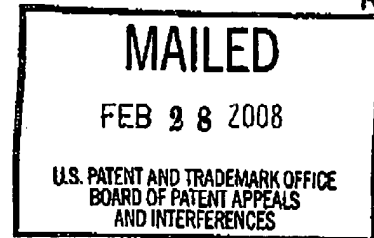
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No. 1694 P. 2<sup>102</sup> 110  
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UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences



PATREA L. PABST  
PABST PATENT GROUP, LLP  
400 COLONY SQUARE  
SUITE 1200  
1201 PEACHTREE STREET  
ATLANTA, GA30361

Appeal No: 2007-3576  
Appellant: Jane C. Hirsh et al.  
Application No: 09/858,016  
Hearing Room: B  
Hearing Docket: A  
Hearing Date: Tuesday, April 15, 2008  
Hearing Time: 09:00 AM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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USPTO Central Fax No: (571) 273-8300

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United States Patent and Trademark Office  
P.O. BOX 1450  
Alexandria, Virginia 22313-1450

In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED (X) HEARING ATTENDANCE WAIVED

*Michael D. Torgano*  
Signature of Attorney/Agent/Appellant

4/1/2008  
Date

57,633  
Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

For information on visitor access to hearing rooms and security procedures at the USPTO Alexandria Campus, see  
[http://www.uspto.gov/web/offices/dcom/counsel/contact.htm#real\\_contacts](http://www.uspto.gov/web/offices/dcom/counsel/contact.htm#real_contacts)

3-20-08 Confirm/Waive Hearing Attendance DDD

Apr. 1. 2008 3:32PM

No. 1694 P. 3

Approved for use through 08/30/2010. OMB 0861-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete If Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/858,016
		Filing Date	May 15, 2001
		First Named Inventor	Jane C. Hirsh
		Examiner Name	S.G. Landau
		Art Unit	1616
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	CP 102

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## METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
210	105
370	185
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =	x	=
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =	x	=
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HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =	/ 50 =	(round up to a whole number) x	=
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## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

Fees Paid (\$)

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Michael J. Terapane</i>	57,633 (Attorney/Agent)	404-8779-2155
Name (Print/Type)	Michael J. Terapane, Ph.D.	Date April 1, 2008	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)  
Approved for use through 07/31/2008. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/858,016
	Filing Date	May 15, 2001
	First Named Inventor	Jane C. Hirsh
	Art Unit	1616
	Examiner Name	S.G. Landau
Total Number of Pages in This Submission	Attorney Docket Number	CP 102

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <p align="center"><b>Notice of Hearing</b></p>
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Pabst Patent Group LLP	
Signature	<i>Michael J. Terapane</i>	
Printed name	Michael J. Terapane	
Date	April 1, 2008	Reg. No. 57,633

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Claudia Lorenz</i>		
Typed or printed name	Claudia Lorenz	Date	April 1, 2008

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